

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/neurofrontiers/recognizing-ms-understanding-symptoms-and-avoiding-misdiagnosis/36361/>

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Recognizing MS: Understanding Symptoms and Avoiding Misdiagnosis

Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, we'll hear from Dr. Jonathan Howard, who's an Associate Professor of Neurology and Psychiatry at the NYU Grossman School of Medicine and the Director of the Neurology Service at Bellevue Hospital in New York. He'll be discussing common early symptoms and the risk of misdiagnosis in multiple sclerosis. Here's Dr. Howard now.

Dr. Howard:

When someone first develops a symptom of MS, most of the time, it is a definite neurological symptom that we can localize to a specific area of the brain or spinal cord. And it usually lasts several days at least—it's not a short transient thing. Common initial symptoms of MS include numbness; sensory disturbances, usually from the chest down, one side of the face, or in the hands; double vision or loss of vision in one eye and some pain with eye movement; some weakness of a limb; or trouble walking.

If you were to Google the symptoms of MS, everyone listening to this will have half of them because they're very common, nonspecific things such as brain fog, fatigue, and headaches, which can absolutely all can occur in MS, but are not specific for MS. I liken it to doing a skin exam with a magnifying glass—no one has blemish free skin, and by the time you get to be a little bit older, an MRI will often show a couple little white spots. Those can be a normal finding. If those are overinterpreted as being due to MS, you can see how patients can be overdiagnosed with the disease, which is a real problem.

I think the most common reason that MRIs are misdiagnosed as MS is just that they're not very specific. Certain MRIs are classic for MS, but some people have a decent number of white dots, and we're not always sure exactly why. Sometimes radiologists informally call them UBOs, or unidentified bright objects, and they can mimic MS, which makes it very important to do a history, to do a good physical exam, or in equivocal cases, a spinal tap is necessary to really rule in or rule out the diagnosis.

Over diagnosing MS can be a problem because people have been put on burdensome and potentially dangerous medications for years for a disease that they probably don't have. I think radiologists are doing a better job of not calling every single white spot potential MS like they used to. I think there's more awareness.

Announcer:

That was Dr. Jonathan Howard talking about common early symptoms and the risk of misdiagnosis in multiple sclerosis. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!